

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

Asthma Home Management/ Action Plan

OTSG APPROVED (Date)

BLANCHFIELD ARMY COMMUNITY HOSPITAL

Asthma Action Plan

■ PCM:

Appointments: 931-431-4677 or 270-798-4677

Asthma Control Test Scores

Date	Score	Date	Score	Date	Score	Date	Score	Date	Score	Date	Score

★ DON'T STOP OR CHANGE MEDICATIONS WITHOUT CONSULTING PROVIDER ★

GREEN ZONE: DOING WELL

Signs and Symptoms

Control Medications

- ☐ No cough, wheeze, chest tightness, or shortness of breath during the day or night
- ☐ Can do usual activities

Medicine (EVERYDAY!!!)

How Much to Take

When To Take It

☐ **Peak Flow** Each morning always before meds

☐ **Before Exercise or Exposure to Usual Triggers**

ALBUTEROL

☐ 2 or ☐ 4 PUFFS

5 to 60 minutes before exercise

YELLOW ZONE: GETTING WORSE

Signs and Symptoms

A: Continue control medications and add:

- ☐ Cough, wheeze, chest tightness, or Shortness of breath, or
- ☐ Waking at night due to asthma, or
- ☐ Can do some, but not all, usual activities

Medicine

How Much to Take

When To Take It

☐ ALBUTEROL Inhaler

☐ 2 or ☐ 4 PUFFS

Every 20 Minutes up to 1 hour

☐ Nebulizer

☐ One Dose

Peak Flow before & 20 minutes after each dose

B:

If your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- ☐ Take quick-relief medication every 4 hours for 1 to 2 days
- ☐ Peak Flow AM/PM for 1-2 days

C:

If symptoms (and peak flow, if used) DO NOT return to GREEN ZONE after 1 hour of the quick relief treatment or symptoms keep returning, THEN

- ☐ Repeat A treatment then continue quick-relief treatment every 4-6 hours
- ☐ Peak flow AM/PM
- ☐ Change/Add medication _____
- ☐ If not staying in the Green Zone within 24-48 hours contact your provider for follow-up care

D:

- ☐ Contact your provider if Asthma Control Test Score is 19 or less

RED ZONE: MEDICAL ALERT

Signs and Symptoms

Very short of breath causing any of the following:

- Very limited activity
- Use of extra muscles (neck, shoulders, back) to breath; retractions (chest being sucked in) in young child
- Trouble talking, speaking in full sentences; weak crying in young child
- Nasal flaring in young child
- Blue lips or fingernails
- Peak flow, if used, in Red Zone

Take this medicine:

① Peak Flow

② ☐ 4 or ☐ 6 puffs or ☐ Nebulizer

③ Peak Flow 15 minutes after ②

☐ Albuterol

☐ If no longer in Red Zone within 15-20 minutes, continue treatment in Yellow Zone B and contact your provider.

Go to the hospital or call an ambulance (911) if you are still in the Red Zone after 15-20 minutes:

- ☐ Continue quick-relief treatment every 20 minutes up to 1 hour
- ☐ Always follow-up in your primary care clinic, 1-5 days after Emergency Clinic visit
- ☐ Always follow-up in your primary care clinic, 1-2 weeks after hospital stay

Regular Follow-Up:

- 1) See primary care provider EVERY 2-6 weeks, if not controlled
- 2) See primary care provider EVERY 6-12 months, if well controlled.
- 3) BACH Asthma Center appointment at least once per year.
- 4) Pulmonary Function Test appointment at least once per year.
- 5) Annual Flu Vaccine (Injection only).
- 6) Maintain DAILY Asthma Diary.
- 7) Practice DAILY trigger avoidance/control strategies.
- 8) Using inhaled steroid, RINSE MOUTH after each use.
- 9) If using, check/adjust Peak Flow best/zones as needed.

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give Name-last, first, middle; grade; date; hospital or medical facility)

- ☐ HISTORY/PHYSICAL ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION ☒ OTHER (Specify) CARE PLAN
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT